## **INFORMATION TO OFFERORS OR QUOTERS SECTION A - COVER SHEET**

Form Approved OMB No. 9000-0002 Expires Oct 31, 2001

The public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports Supports Services, Directorate for Information Operations and Reports subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN BLOCK

1. SOLICITATION NUMBER	2. (X one)		METOTINE COMMERCED TO		RESS IN BLOCK 4 BELOW.
		TATION	FOR BID (IFB)	3. DATE/TIME RI	
DADA10-03-R-0013			OR PROPOSAL (RFP)	08 MAY 20	)03
 			OR QUOTATION (RFQ)	3:00 PM	
		*		<u></u>	M
INSTRUCTIONS  NOTE: The provision entitled "Required Central Contractor Registration" applies to most solicitations.					
1. If you are not submitting a response, complete the information in Blocks 9 through 11 and return to the issuing office in Block 4 unless a different return address is indicated in Block 7.					
2. Offerors or quoters must include full, accurate, and complete information in their responses as required by this solicitation (including attachments). "Fill-ins" are provided on Standard Form 18, Standard Form 33, and other solicitation documents. Examine the entire solicitation carefully. The penalty for making false statements is prescribed in 18 U.S.C. 1001.					
3. Offerors or quoters must plainly mark their responses with the Solicitation Number and the date and local time for bid opening or receipt of proposals that is in the solicitation document.					
4. Information regarding the timeliness of response is addressed in the provision of this solicitation entitled either "Late Submissions, Modifications, and Withdrawals of Bids" or "Instructions to Offerors - Competitive Acquisition".					
4. ISSUING OFFICE (Complete mailing address, including ZIP Code)	5. 17	TEMS TO	O BE PURCHASED (Brief of	description)	
J.S. ARMY MEDICAL COMMAND CENTER FOR HEALTHCARE CONTRACTING ATTN: MCAA-C-CAS, BLDG 4197 107 17TH STREET, SUITE 68  HOSPITAL HOUSEKEEPING SERVICES AT MARTIN ARMY COMMUNITY HOSPITAL, FORT BENNING, GA  Current work is being performed by government employees undergoing as					
FORT SAM HOUSTON, TX 78234-5068	A-76	6 Comm	nercial Activities Study.	y governmem en	iployees undergoing an
6. PROCUREMENT INFORMATION (X and complete as applicable)					
a. THIS PROCUREMENT IS UNRESTRICTED					
b. THIS PROCUREMENT IS % SET-ASIDE FOR SMALL BUSINESS. THE APPLICABLE NAICS CODE IS:					
c. THIS PROCUREMENT IS % SE	ET-ASIDE FOR I	HUB ZONE	E CONCERNS. THE APPLICAL	BLE NAICS CODE IS:	
d. THIS PROCUREMENT IS RESTRICTED TO FIRMS ELIGIBLE UNDER SECTION 8(a) OF THE SMALL BUSINESS ACT.					
7. ADDITIONAL INFORMATION  Block 9 of SF33: Sealed offers IAW Instructions for Preparation of Proposals (See Section L - Instructions to Offerors).  Block 12 of SF33: Government Minimum Acceptance Period (See Section L - Local Clauses).  Site Inspection/Preproposal Conference: See Section L - Local Clauses.  This is an A-76 Commercial Activities Study of a functional area whose services are currently being performed by Government personnel. The Government will be submitting a proposal also.  NAICS: 561720 Size Standard: \$14,000,000					
8. POINT OF CONTACT FOR INFORMATION	ng a proposa	l aiso.	NAICS: 561720	0 Size Standa	rd: \$14,000,000
a. NAME (Last, First, Middle Initial)			b. ADDRESS (Include Zip C	2 - d ± 1	
MENDIOLA, JOHANNA G.			U.S. ARMY MEDICA	AL COMMAND	•
c. TELEPHONE NUMBER (Include d. E-MAIL ADDRE			CENTER FOR HEAL	LTHCARE CON'	TRACTING
Area Code and Extension) Johanna	a.Mendiola@		ATTN: MCAA-C-CA 2107 17TH STREET,	S, BLDG 4197	
	EDD.ARMY.	.MIL _	FORT SAM HOUST	- SULLE 06 DN: TX - 78234-5	5068
9. REASONS FOR NO RESPONSE (X all that appl	ly)				1000
a. CANNOT COMPLY WITH SPECIFICATIONS		d. DO 1	NOT REGULARLY MANUFACT	TURE OR SELL THE T	YPE OF ITEMS INVOLVED
b. UNABLE TO IDENTIFY THE ITEM(S)			THER (Specify)		
c. CANNOT MEET DELIVERY REQUIREMENT					
10. MAILING LIST INFORMATION (X one)					
WE DO DO NOT DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE INVOLVED.					
11a. COMPANY NAME  b. ADDRESS (Include Zip Code)					
c. ACTION OFFICER					
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)			(2) TITLE		
(3) SIGNATURE					
(5) SIGNATURE					(4) DATE SIGNED (YYYYMMDD)